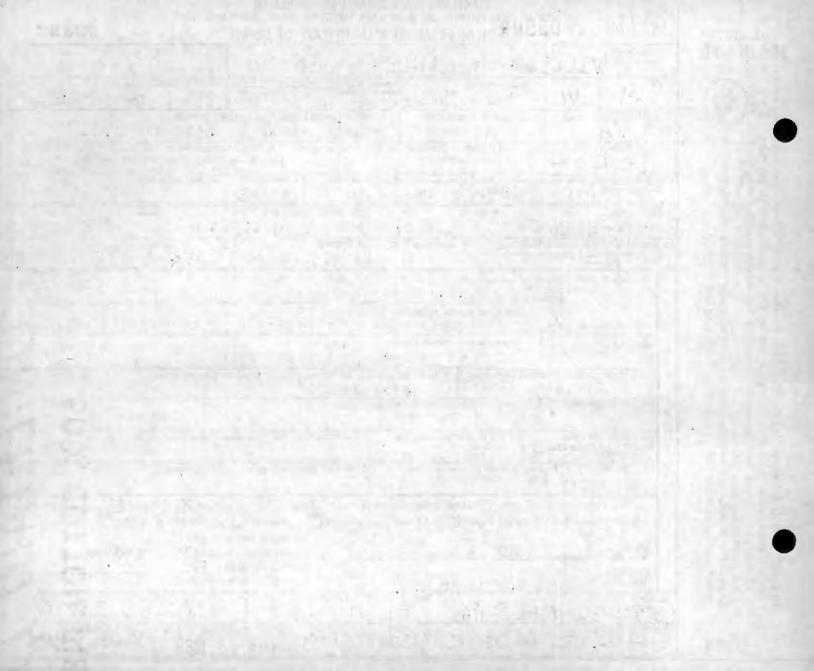
1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
5		03907 CERTIFICATE OF DEATH
after death. The Funeral Get 1 and 2 Offer death.		PLACE OF DEATH O. COURTY O. STATE MARYLAND MARYLAND D. CITY OR TOWN (If outside corporate limits. O. CLENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b
N		write-RURAL and give nearest town) All Life Denton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Denton d. STREET ADDRESS 521 GAY STREET NO
completed with		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) OLOR OF WIDOWED OLOR OF MINING MINING MONTHS DOYS Hours Min.
ficate be exysician and please rem	dur	Colored WIDOWED OIVORCED JULY 7 876 7 Yrs. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRM HPLACE (County & State, or foreign country) 11. BIRM HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 TELEPHONE EMP. Denton 14. MOTHER'S MAIDEN NAME
death certi thending ph ermit. Then n, ar remav	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. INFORMANT 19. INFORMANT
The law requires that the death certificate be executed within 24 hour attending physician. has been signed by the attending physician and completely rifled in by see as the burial-transit permit. Then please remove carban papers. Ith prior to burial, cremation, ar remaval, and in any event, within 72 hour		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. (c)
AN: The law real or attending cate has been or use as the Health prior to	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
bing PHYSICIAN: The law ruby the hospital or attending 4fter this certificate has been be detached far use as the State Dept. af Health prior to	MEDICAL CERT	OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 20d. INJURY OCCURRED While of work of toctory, street, office bldg., etc.) of work of toctory, street, office bldg., etc.)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt		21. I certify that (1) (this hospital) attended the deceased fram 7/13/62, 19, ta 3/36, 19, that (1) (we) last saw the deceased alive an 3/16/8 19, and that death accurred at 6/20, M, fram causes and an the date stated abave. 220. SIGNATURE ALIVE M.O. ATTENDING MED. STAFF OIRECTOR PHYS. 3/11/68
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230	22c. PHYSICIAN'S Philip P. FELIPE M.D. 22d. ADDRESS Devilors Male (Type) Philip P. FELIPE M.D. 22d. ADDRESS Devilors Male (Type) Philip P. FELIPE M.D. 23d. LOCATION (City or Town) (County) (Stote)
OH OT OH OT OH OF OH OH OF OH		REMOVAL (Specify) 3-14-68 SPRING GROVE DENTON CAGOLINE MO. FUNDRAL DIRECTOR B. Jolley Scaling Appress

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1_1		MARYLAND STATE DEPARTMENT OF HEALTH 03968DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03896
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	
s o a to	(Type or Print) William Earl Christopher, Jr. OF ESTI- 3/31	1955 9P M
ny deloy i	3. 5	loca bathyloss MONTHS DAYS MOURS MAN	Yeor 52 2D
A de Maria		mate white Mar. 13, 1937 31 YRS	Year 1958 2P M
- E a		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA WIDOWED DIVORCED CAPOLINE	
th for	1D. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done)	12b. KIND OF BUSINESS OR
within 24 hours ofter death pencil in Item 18. Give Pages 1, caminer's Office along with form le pages 1 and 2 with the Stote De 72 haurs after death.		Near Preston give street oddress) Preston, RFD during most of working life, even if retired.)	Self-emp.
s ofter 18. Giv along 2 with t death.		USUAL RESIDENCE (Where deveosed lived, if institution: Residence before 3 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18.0 12 w	_	admission) STATE Md. 13b. COUNTY Talbot Easton YES NO X RFD #3, Box 1	81
hours Item 1 Office land 2	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle William Earl Christopher Hazel E.	Lost
hin 24 ncil in niner's pages haurs	160	William Earl Christopher Hazel E. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Hopkins
within 24 hours pencil in Item I xaminer's Office ile pages I and 2 72 hours after d	(1	(If yos give war or doles of service) 214-34-8899 W. Earl Christopher, Easton, Mc	l. RFD
scuted within perdical Examit. File within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Accuted nding: in Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ASDOVXISTION	minutes
be execute "pending" nief Medica unsit permit		830 V DUE TO, OR AS A CONSEQUENCE OF	
Tans		conditions, if ony, which gove tise to immediate couse (a). (b) Drowhing	minutes
should be executed to word "pending" in any event within		In the underlying cause out to, or AS A CONSEQUENCE OF Alcohol Shi	hours
the shape of the troops of troops of the troops of troop		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
de de de de	2	850 ×	
certifi writt orwan used moval	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
MINER: This control that the certificate, varieties, varieties, varieties, e.g. should be use mation, or remismation, or remis	RTIFI		YES NO 2
VER: This certificate nould be files. should be trion, or re		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF HOUR A.M. 9 HOUR A.M. 9 HOUR A.M. 9 HOUR A.M. 9 P.M. 3/31/19 68 Boa' overturned and could refer to the country of the co	
INER: te certifi should files. 3 should nation, c	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (4t home form street 21f IOCATION Street or R.F.D. No.	County Stote
ICAL EXAMINER: The execute the certificator. Page 4 should be at for your files. CTOR: Page 3 should to buriol, cremation, or		WHILE AT WORK AT WORK C. Ontank, river heer RFD Preston Caroline Maryla	
JICAL EXAMILEOSE execute the director. Page 4 stoined for your DIRECTOR: Page r to buriol, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy , inspection , Inquiry	and in my apinion
Se exector. Perfor. Pe		death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
ry pleose y, pleose erol direction retained training the prior to b prior to b		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220, DATE:	SIGNED
o DEPUTY necessary, p the funerol 5 may be r 0 FUNERAL Health price		EXAMINER'S NAME (Type) HPOLG B. Plummer M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	.16
To D The c To Fu	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial 4-12-68 Junior Order Cemetery Preston. Carolin	(County) (Stote)
A 34.			e, Maryland
1/19/48 VR A15ME (5)		FUNERAL DIRECTOR Tramport, Jr., ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRARS	
10M REV. 1 08		Frampion Fusinal Home, Federalsburg, Maryland Date APR 16 1988 Polis	ver judge
Al.			

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2	Tt.	MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE	20	22 Filmplyiston of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 3/18/68 kk	03892
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.		Type or Print) () I I I AM Mak XIII PU CROPP OF ESTI-	Day Yeor 2b. HOUR
Page 3 to of	3. S	DEATH MATED 3	6 168 1
y delo		M W FEB4, 1903 65 WRS. MONTHS DAYS HOURS MIN MONTH OR OGY	Year 19 68 10 P
farm farm	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VITY) VA. WIDOWED DIVORCED DIVORCED DIVORCED	NE "
death Page Vith	10. (12b. KIND OF BUSINESS OR NDOSTRY WELL CO
alang along death.	13a.	USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmissian) STATE 13b CONNY TO LEGISLATION YES NO 15	
haurs Item 1 Office 1 and 2	14. F	TATHER'S NAME First Middle Last IS. MOTHER'S MALDEN NAME First Middle	Last
		GEORGE CROPP CORNELDA (SEACH
vithin Sencil i aminer e page	16a. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) (If yes give wor or dofes of service) 16b. SOCIAL SECURITY NO. 17, INFORMANT WRS. WM. CRORP DEX	DONMO
ed w		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
ward "pending" in ward "pending" in the Chief Medical E: rial-transit permit. Fi any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) erebroVascularAce dent (heornhage)	Minutes
M M d		412 DUE TO, OR AS A CONSEQUENCE OF	
be hief ansit		(b) Hypertensive Cardio Vascular Disease	lOyrs
shauld e ward a the Ch ourial-tra in any		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		(c) Generalized Arteriosclerosis	15-20rs
ate at the sed the and and	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 473 Diabet & Mellitus Contolied	
for for	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Third if	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF INJURY Manth, Day, Year HOUR A.M. P.M. 19 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 Part 1 or Port 2, Item HOUR A.M. P.M. 19	n 18.)
至七十十 · · · · · · · · · · · · · · · · · ·	ME	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Town	County State
L EXA kecute Page far ya R: Pag		22a. I certify that I taak charge of the remains described obove, held an Autopsy . Inspection X, Inquiry X,	and in my apinia
ICAL I		death resulted from: Natural causes Accident [], Suicide [], Hamicide [], Undetermined manner [
please I directe retaine DIREC or to b		CHIEF MEDICAL EXAMINER	
JTY rry, ple erol di be ret RAL D prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
PUT Sany WER		EXAMINER'S DEPUTY MEDICAL EXAMINER	00
ro DEPUTY SICA necessary, please e the funeral director 5 may be retained to FUNERAL DIRECTOR Health priar to but		NAME (Type) harold B. Blummer M.D. ADDRESS(Street, city, town, or county Paroline	restn
5 = 2 5 =	2		CAR, MD
VR A15ME 1000 REV 1/68	24	TOWERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REC'D BY REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 250. REC'D BY REC'D BY REC'D BY	0 11 // / / /

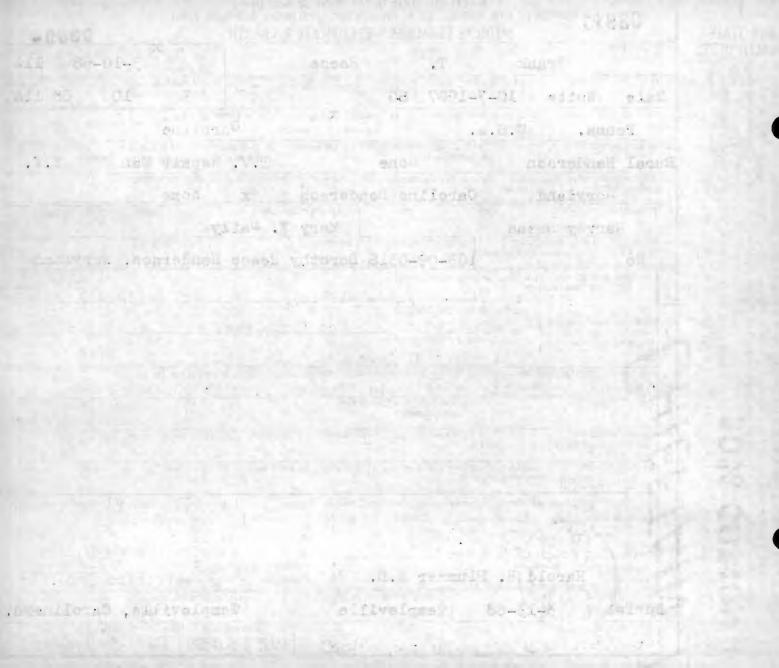


	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1		03910 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A show him
/		CERTIFICATE OF DEATH	03893
# 10 H		DECRASED-NAME OF First Middle Lost 20. DATE OF DEATH (Type or print) O LANG P DEATH A Months Dear	26. HOUR
24 hours ofter death.		CHRISTER MADRIEL GOBIOSON WIRL A	1968 11:13 M
e fu	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IFUN MONT) 4. RACE S. DATE OF BIRTH 6. AGE (In years IFUN MONT) AGE (In years IFUN MONT)	HOER I YEAR IF UNDER 24 HRS. HS I DAYS HOURS MIN
ag sr		W 1-E 15 10, 190 / 61 "YRS.	
72 MOL		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED 9	E Md.
within or			Pb. KIND OF BUSINESS OR
burial, cremation, or removal, ond in any event, wit	13a.	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c_CITY OR TOWN 13d_INSIDE CITY LIMITS? 13e_STREET AND NUMBER	
05	adm	MISSION) MATED REPORTED FOR STREET AND NOMBER	
	14.	FATHER'S NAME First Middle Light 15. MOTHER'S MAIDEN NAME First Middle	Last
,		FATHER'S NAME First Middle JOHNSON IS. MOTHER'S MAIDEN NAME First Middle	DOOPER
	160	O. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address	- IMP
		Yes, na, acualknown) (If yes give war or dates of service) MRSMBRY COOK, EAS	ION MY
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cut Mysic Andlice in Tancorion	1 Hour
		4109 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gove trise to immediate couse (a), (b)	
	-	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		last, (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	N	7307	
7.	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
7		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 2. Hom.)	
			(8.)
	MEDICAL	(If either, natify medical exominer) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Col.	unty State
		21d. INJURY OCCURRED While Not while at work at work.	unty State
		22a. I certify that (I) (this haspital) attended the deceased from 3/9/62, 19, ta 3/9/6.19	that (I) (wa) last
		saw the deceased olive on 3/9/58 19 and fhot in (my) (our) apinion death occurred on the date or	, that (I) (we) last
		causes stated above, (I) (we) (did) (did not) view the body after death.	
		22b. SIGNATURE 22c. DATE STAFF 22c. DATE STAFF	SIGNED T
	1	DEGREE PHYS. DIRECTOR PHYS. 3//	1/61
1		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Denton Mcl	bertug a.
	269	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
(10	DENTON C	AR, MO.
16	24	FUNERAL DIRECTOR 250. RECT BY REGISTRAR 1968 REGISTRARYS SIGNAL DATE MAR 1 3 1968	ABURE OLLE
8	1	NTOCKES 1. 100 NEW DENTON DATE MAR 1 3 1968 JOHN	10

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	03911 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03894
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth D (Type or Print) Frank T. Reese DEATH MATED 3-10	-68 19 25 HOUR
3 5 S	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 Hrs. 2c. DATE PRONOUNCED DEAD	2d. HOUR
deloy and 3	Male White 10-7-1907 60 MONTHS DAYS HOURS MIN. Months Doylo	Year 68 11A N
I, 2, III P	70. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
te do se	country) Penna. U.S.A. WIDOWED DIVORCED Caroline	M
hours ofter death lem 18. Give Pages Office along with for and 2 with the Safe		2b. KIND OF BUSINESS OR IDUSTRY T.V.
ofter dea 8. Give Po along with what the S	Rural Henderson Give street oddress) None during vist of variety and institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1.4.
2 with	odmission) Starydand 13b. (OUNTY Caroline Henderson YES Now None	
thours ofter 18. Give Office along Office along offer deoth.	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	Harvey Reese Mary F. Daily	
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
s certificate should be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's used os o burial-transit permit. File pages emoval, and in any event within 72 hours	(Yes, ac or unknown) (flyes give war or dates of service) 163-09-0316 Dorothy Reese Henderson, M.	
ecuted ing" in idical Ex ermit. Fi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
be executed "pending" in ite Medical Einsit permit. Fevent within	IMMEDIATE CAUSE (a) FULTO DISPY EDEMOLITIZATE STORE HEAPE PARTURE) 7 minutes
be exemple the pending the pen	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	· -
d bind ding	rise to immediate cause (a). (b) 32 52 52 11 11 12 11 511 12 11 11	5-7 yrs
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g the g the ed to so bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate should writing the word prwarded to the Change of the change	Chronic Tractatibe Win riengive Cardia Vacquier Di cea e	
its certification in the second in the secon	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
三十二 四十二	## I	YES NO X
# m = 1	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item PRIMARY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item PRIMARY CAUSE OF DEATH 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	18.)
N of A in So		County State
te 11 your dage crem	WHILE NOT WHILE foctory, office building, etc.)	
L E) recur Pag for) NR: P	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
tor.	deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please e I director retained DIRECT or ta bu	ACTUAL CHIEF MEDICAL EXAMINER	
TY. Perol perol prio	SIGNATURE	NED 3/68
TO DEPUTY DICAL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior ta buriol, crem	EXAMINER'S NAME (Type) Harold B. Plummer M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Preston	ara.ine
TO T	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	aunty) (State)
The	Buria Brille 3-13-68 Templeville Templeville, C	
VR ATSME (5)	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
10M DEV 1749	A STANCE AND A STANCE OF THE S	

MAKYLAND STATE DEPARTMENT OF HEALTH



	03912	DIVISION OF			TON STREET, BAI TE OF DEATH		YLAND 2120	01	038	9.5
I. DECEASED	7 -4		Middle		Last	2a. DATE OF		Davi	V	2b. HOUR
- {Type or	print) MAGG		JANE		STACY	M	Month arch	10	1968	1:45P
3. SEX		4. RACE			DATE OF BIRTH		 AGE (In year last birthday) 	S IFU		IF UNDER 24 HRS. HOURS MIH.
	ema 1 e ACE (Stote or fareign	7b. CITIZEN OF W	ite		ovember 20	9. COUNTY OF	83	YRS.		
(ountry)			HAI COUNIET?	WIDOWED X	NEVER MARRIED DIVORCED					
	aryland TOWN OF DEATH	USA	IAME OF HOSPITAL OR 1	1000		Caro		dane [1	2b. KIND OF E	MICINECC OP
	ederalsburg	give 2	of E. Cen	tral Ave.	during	most af warking l usewife	ife, even if retir	ed.)	NDUSTRY	nome
13a, USUAL odmissian)	STATE Maryland	d lived, if institu	tion: Residence before	B 13c. CITY OR TO	WN 13d. INSIDE CIT	Y LIMITS? 13e. STR	EET AND NUMBE	R ntral		
14. FATHER'S		Middle	Lost		OTHER'S MAIDEN NAME		Midd			Last
	William	- 11	Arvey		Mai	ry			Larmo	ore
		ED FORCES? or or dates of service)	16b. SOCIAL SECURIT 217-54-5	YNO. 17. INFO 899 Mr.	Roland L.		Jr., Fed	E. Beral	Centra sburg	1 Ave
18. CA	USE OF DEATH (Enter only	y one cause per l	ine for (o), (b), and (d)	ma of th	a 74 was			BETWEEN ON	ITE INTERVAL SET AND DEATH
1	O M IMMEDIA	TE CAUSE (o)		cardino	ina or cu	e TIAGI			mon	ths
Candia	1/10	DUE TO, OR	AS A CONSEQUENCE C)F						
rise to	ions, if ony, which gave) immediate cause (o),((b)	AD A COMPONENCE OF							
stating last.	the underlying couse	DUE 10, OR	AS A CONSEQUENCE O)F						
	2. OTHER SIGNIFICANT CON	DITIONS CONTRIBE	ITING TO DEATH BUT	NOT RELATED TO TH	IF TERMINAL DISEASE O	R CONDITION GIVEN	IN PART 1(a)			1.000.00
1000		_					, ,			
190. DA	TE OF OPERATION 196. C	ONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDI	NGS CONSIL	ERED IN CER	TIFYING
190. DA					YES NO	CALICEC	OF DEATH?			
	CCIDENT WAS UNDERLYING	21b. TIME C			INJURY OCCURRED (En	nter nature of injur	in Part 1 ar Pa	ort 2, Item	18.)	
or or of or	ONTRIBUTING CAUSE OF DEATH er, notify medical examin	er) P.M.		19						
While at work	NJURY OCCURRED 21e. Not while at work	PLACE OF INJURY			ION Street or R.F.D. I		or Town		unty	State
22a.	certify that (I) (thisaw the deceased al	s haspital) at	tended the deced	sed from 19	64 , 19	, to	3-10-6	89	, that	(I) (we) las
	saw the deceased al causes stated abave	(I) (we) (did)	(did nat) view th	e bady after dea	nat in (my) (our) o ith.	pinian death a	ccurred on th	ie date a	nd havr a	nd tram th
	GNATURE //	// (1			HED	CTAFF	22c. DATE	SIGNED	
4	rank N	n. Un	derso	M. D. DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Mare	ch 12	/1968
22d. P	HYSICIAN'S Frank AME (Type) Dr Fr	M. An	derson M	.D.	228 300R5SS W.	Centra	1 AVA.		-	sburg
	Die il	ank And								
23g. BURIAN REMOV	, (REMATION, 23b. D			F CEMETERY OR CRI			N (City or Town)	,	ounty)	(Stote)
24. FUNERA	AL (Specify) urial Mar	ch 13.	196B Wic	omico Men	norial Parl	RY REGISTRAR	256 REGIST	RAP'S SIGN	CO. Ma	aryland
	AND 3 YAMAI	DANY C	AT TODIES	MADVIAND	SATE ME	AR 18 19	68	Z-VC	Dy years	A STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

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ATE Continue Cont	3000
1. DECEASED-NAME First Middle . Leyt 2g DATE KNOWN CO Month	13837
	Day Year 2b. HOUR
(Type of Print) OF ESTI- DEATH MATED 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 24 Hrs. 2c. DATE PRONOUNCED DEAD	1 1968 M
F W DEC 27, 1904 G3 YRS. MONTHS DAYS HOURS MAIN. MANNEY 12R Day 4	Year 1968 2d. HOUR
70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED DIVORCED 9. COUNTY OF DEATH COUNTRY? WIDOWED DIVORCED DIVORCED DIVORCED	E Md.
	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence, before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 13d LEN	
14. FATHER'S NAME First Middle BREEDING IS. MOTHER'S MAIDEN NAME First Middle REDING ELIZABETH Middle	4 NO LOS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unphrown) (It yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ALPH TRDCE ADDRESS	ON, MO.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE (a) Istools due to uncontribed Disbetes	?3-50av
Conditions, if any, which gave) Out TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Out TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	17-3yrs
rise to immediate cause (a). (b) Octobrill and the course (a).	al-chrs
Stating the entertaing cause	?
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Raintenel Cataracta	
	20. AUTOPSY?
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES NO X
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 liter	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW IMJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Her	
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196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS PRIMARY OF COURRED (Enter nature of injury in Part 1 or Part 2, Her HOUR A.M. PRIMARY OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Her CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK Of INJURY (At home, farm, street, factory, office building, etc.)	n 18.) Caunty State
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19a. Date of Operation 19b. Condition for which operation 21c. How injury occurred (Enter nature of injury in Part 1 or Part 2, Her Primary) Or contributing 21b. Time of injury Manth, Day, Year 19b. Cause of Death 19b. Cause of	caunty State and in my opinian GENED Caraline
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21a. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Accident At work Accident Acciden	caunty State and in my opinian GENED GRAPH (State) GRAPH (State) GRAPH (State) GRAPH (State)

